PRINTED: 01/09/2018 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6015473	B. WING		10/10/2013	
					10/10/2010	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
ILLINOIS	VETERANS HOME AT QU	JINCY	RTH 12TH STRE IL 62301	EI		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
Z 000	COMMENTS		Z 000			
	Annual Licensure					
Z9999	9 FINDINGS		Z9999			
	LICENSURE VIOLAT 340.1305b)	IONS				
	340.1305 Request for Record	or Resident Criminal History				
	name on the Illinois S website at www.isp.st Department of Correct page at www.idoc.sta	eck for the individual's ex Offender Registration ate.il.us and the Illinois tions sex registrant search te.il.us to determine if the a registered sex offender.				
	This REQUIREMENT by:	was not met as evidenced				
	failed to check the Illin Corrections sex regist the time of admission R19) of ten recently a This failure had the poresidents living at the Findings include: The admission files for residents (R10 to R19 no documentation that Corrections (DOC) see been checked for any and R11 were admitted 9/26/13; R13 on 9/25/19/24/13; R16 on 9/23/18 and R19 on 9/19	trant website search page at for 10 residents (R10 to dmitted. otential to affect all 373 facility.  or 10 recently admitted of indicated that there was at the Department of ex registrant website had of the 10 residents. R10 ed on 9/30/13; R12 on (13; R14 and R15 on (13; R17 on 9/20/13; and				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6015473	B. WING		10/10/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ILLINOIS	VETERANS HOME AT QU	JINCY	TH 12TH STRE	ET		
		QUINCY,	L 62301			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
Z9999	Continued From page 1		Z9999			
	DOC website for new have not for the last y was down. The Facility Data She	sion staff used to check the ly admitted residents, but rear because the website et completed by the facility ed that the current resident				
		(B)				
	340.1950a) 750.120a)					
	Section 340.1950 Foo	od Preparation and Service				
	a) Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 III. Adm. Code 750).  Section 750.120 General - Food Protection					
	prepared, displayed, shall be protected from including dust, insects equipment and utensicoughs and sneezes, overhead leakage or condensation. The tel hazardous foods shall or above, at all times, provided in this Part.	Ils, unnecessary handling, flooding, drainage, and overhead drippage from mperature of potentially I be 41°F or below, or 135°F				
	by:					
	failed to maintain the	and interview, the facility temperature of dairy erator of the West Elmore				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
IL6015473		B. WING			/10/2013		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ILLINOIS	VETERANS HOME AT QU	JINCY 1707 NOR' QUINCY, I	ET				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	first floor kitchenette a or below. This failure had the presidents (R20 to R40) Findings include:  During the environme building with E5 (Hounoon, the thermomete the first floor West Kit degrees F. The internof milk and a containe and 50 degrees F, remetal stem thermome E5 stated on 10/8/13 staff have ordered a rThe facility Alphabetic indicated that 21 resid West Elmore first floor	ent 41 degrees Fahrenheit (F)  otential to affect 21  otential to affect 21  otential tour of the Elmore se Supervisor) on 10/8/13 at er inside the refrigerator in chenette registered 49 hal temperatures of a carton er of yogurt registered 49 spectively, using the digital eter. at noon that maintenance new seal for the refrigerator. cal Census list dated 10/9/13 dents (R20 - R40) live on the r. The Facility Data Sheet vey indicated that the total	Z9999	BETICIENC			
1							

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